

CANDIDATE'S REPORT

(to be filed by a candidate or his principal campaign committee)

OFFICE USE ONLY

1. Qualifying Name and Address of Candidate

MAYSON N. FOSTER
SOUTH DAKOTA
HAMMOND, LA 70401

2. Office Sought (Include title of office as well as parish, city, town and/or election district.)

MAYOR CITY OF
HAMMOND
(TANGIPAHYA PARISH)

10/02

Supp.
1/2/15

3. Date of Primary

OCTOBER 5, 2002

This report covers from JANUARY 1, 2014 through DECEMBER 31, 2014

4. Type of Report:

- ☐ 180th day prior to primary
 ☐ 40th day after general
☐ 90th day prior to primary
 ☐ Annual (future election)
☐ 30th day prior to primary
 ☒ Supplemental (past election)
☐ 10th day prior to primary
☐ 10th day prior to general
 ☐ Amendment to prior report

5. FINAL REPORT if:

- ☐ Withdrawn
 ☐ Filed after the election AND all loans and debts paid
☐ Unopposed

6. Name and Address of Financial Institution (You are required by law to use one or more banks, savings and loan associations, or money market mutual fund as the depository of all campaign funds.)

WHITNEY BANK
500 3RD RAILROAD AVE
HAMMOND, LA

7. Full Name and Address of Treasurer

N/A

9. Name of Person Preparing Report

MAYSON FOSTER

Daytime Telephone 985-345-6339

10. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 2ND day of JANUARY, 2015.

[Signature]

Signature of Candidate/Chairperson
(To be signed by Chairperson only if report by principal campaign committee)

985-345-6339
Daytime Telephone

8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY

a. Name and address of principal campaign committee, committee's chairperson, and subsidiary committees, if any (use additional sheets if necessary).

FORM-6 0110-30

Signature of Treasurer

Daytime Telephone

15000177

SCHEDULE D: FUNDS LOANED

The following information must be provided for each loan or line of credit made this reporting period, even if it has been repaid. Also, complete this schedule for loans made in prior periods that are still outstanding. Separate loans must be reported separately, even if to the same borrower.

1. Name and address of borrower

2. a. Date* 7/2/2002 b. Interest rate 0%(a.p.r.)

c. Amount loaned* \$ 20,000⁰⁰

d. Balance due \$ 8,312.38

*For lines of credit, give the date the line of credit was first committed at Item 2a and list only the amount actually drawn at Item 2c.

OPTIONAL: Total amount of credit available \$ _____

3. Endorsers/Guarantors

4. Repayments this period
Date

Principal

Interest

(Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Also, state the amount of liability for each endorser or guarantor.)

(List payments of principal and interest separately. If separate amounts are not known, list all payments under principal.)

1. Name and address of borrower

2. a. Date* _____ b. Interest rate _____%(a.p.r.)

c. Amount loaned* \$ _____

d. Balance due \$ _____

*For lines of credit, give the date the line of credit was first committed at Item 2a and list only the amount actually drawn at Item 2c.

OPTIONAL: Total amount of credit available \$ _____

3. Endorsers/Guarantors

4. Repayments this period
Date

Principal

Interest

(Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Also, state the amount of liability for each endorser or guarantor.)

(List payments of principal and interest separately. If separate amounts are not known, list all payments under principal.)